

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

	s partnership, firm or o	-		
	sional Association			
	ne of partnership, firm or co			
18 Centre Str		Concord	NH	03301
Business Address: (St	rect)	(Town/City)	(State)	(Zip Code)
603 225-7170 (Telephone)	603) 226-0165 (Fax)	e-mail attys@biancopa.com	
	overs: (Choose one – fil ransactions which are t		r each client, OR you ma y one client).	y file a separate repo
X All reportable tran	sactions occurring in the	e months prior to the r	eporting date relative to the	e following client:
Apartment Ass				
OD	(Full Name of Client as i	it appears on the Lobbyis	st Registration Form)	_
OR L. All reportable transumrelated to any partic		(including the lobbyis	's family), or the lobbying	firm listed below whi
IV. Date of Report Reports cover: activ	April 26, 2017 $\ igsqcup$ wity from date of registration	on to 3/31/17 ac	July 26, 2017:	
	October 25, 2017 X activity from 7/1/17 to 9/3		January 31, 2018 [] ctivity from 10/1/17 to 12/31/	17
lf this box is checked,	n no fees received and	d no reportable tra and submit it to the Se	nsactions made since the cretary of State's Office, S	ne last report. Vitate House, Room 204
lf this box is checked, Concord, NII 03301.	n no fees received and	and submit it to the Se	nsactions made since tl cretary of State's Office, S	ne last report. Value House, Room 204
If this box is checked, Concord, NII 03301. VI. Check if addition □ II you have receive	n no fees received and complete just this form of nal reports are attached wed fees or made expend	and submit it to the Se d: litures, you must lile A	cretary of State's Office, S .ddendum A– Fees and Ex	tate House, Room 204 spenses
If this box is checked, Concord, NII 03301. VI. Check if addition ☐ If you have received.	n no fees received and complete just this form of the national reports are attached and honorarium or reimbu	and submit it to the Se d: litures, you must lile A	cretary of State's Office, S	tate House, Room 204 spenses

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: Bianco Profess	sional Association
Name of Client (leave		or the partnership, firm, or	corporation and not related to any
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 🛚	October 25, 2017 🛛	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
	s).		
Addendum B(s).		
Addendum C(s).		
	nn that the foregoing ir f my knowledge and be	lief.	Int and each Addendum is true and $\frac{10/15/10}{40000}$
(Signature of lobbyist)			(Date)
Karen Soucy			
(Print Name of Iobbyi	st)		